

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54	/					
5		/					55		/				
6		/					56		/				
7		2					57	/					
8		2					58		/				
9		/					59		/				
10		/					60	/					
11		/					61		/				
12		/					62		/				
13	/						63		/				
14		/					64		/				
15	/						65	/					
16		/					66						
17	/						67						
18	/						68						
19							69						
20							70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27		2					77						
28		2					78						
29	/						79						
30	/						80						
31	/						81						
32		2					82						
33	/						83						
34	/						84						
35		2					85						
36		3					86						
37	/						87						
38		/					88						
39	/						89						
40	/						90						
41		2					91						
42		/					92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47		/					97						
48		/					98						
49		/					99						
50	/						100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

74/22